

Parent / Guardian Name:

Address:

Phone:

Age: Grade in September:

School:\_\_\_\_





## Voluntary Permission to Videotape and/or Photograph

I	. am 18 years or older.		
(First and Last name, please print)			
1	am the parent/legal quardian of		
(First and Last name, please print)	p	(Name, Age)	
I understand the Town of Edgewood and/or local media representatives may photograph or videotape the events or activity I am (or my child is) participating. I give my permission for the Town of Edgewood to use photographs and/or videotape of me (or my child) for the purpose of promoting the Edgewood Community Library and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.  **Permission is not required to take part in Edgewood Community Library events/programs.**			



Signature: \_

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Signature:	_ Date: